

# PAID

**CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL**

1. CIR./DIST./DIV. CODE NCM	2. PERSON REPRESENTED MURPHY, MICHAEL			VOUCHER NUMBER 11110 1000083		
3. MAG. DKT./DEF. NUMBER 1:11-000200-001	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT./NUMBER			
7. IN CASE/MATTER OF (Case Name) US v. MURPHY	8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Supervised Release			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list up to five major offenses charged, according to severity of offense.						
<p>12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS SHELLA, CHRISTOPHER B. 2305 Vintage Hill Dr. Durham NC 27712</p> <p>Telephone Number: (919) 806-4271</p> <p>14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)</p>						
<p>OCT 18 2011 13. COURT ORDER IN THIS OFFICE Clerk U. S. District Court Greensboro, N.C. By _____ Appointment Date: _____</p> <p><input type="checkbox"/> Yes, the above-named person represented has notified under oath or has otherwise testified this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or  <input type="checkbox"/> Other (See Instructions)</p> <p>Signature of Presiding Judicial Officer or By Order of the Court 10/18/2011 RS</p> <p>Date of Order _____ None Pro Tunc Date _____</p> <p>Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>						
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings	.2				
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(Rate per hour = \$ )		TOTALS: .2	21.25	25.00		
Out of Court	a. Interviews and Conferences	.2				
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time	2				
	e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ )		TOTALS: 2.2	275	275.00		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)		60				
18. Other Expenses (other than expert, transcripts, etc.)		366.25		360.00		
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM 10-18-11 TO 10-18-11			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION DIX	
<p>22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.</p> <p>Signature of Attorney: 10-20-11</p>						
23. IN COURT COMP. 25	24. OUT OF COURT COMP. 275	25. TRAVEL EXPENSES 60	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT 360.00		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE 10-20-11	28a. JUDGE / MAG. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE		

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